



Colorado Department of Health Care Policy and Financing Center for Improving Value in Health Care

MINUTES

CIVHC Board Meeting

November 19, 2009

3:00 p.m. – 5:00 p.m.

Colorado Medical Society, Mile High Room (2nd Floor)
7351 Lowry Boulevard, Denver, Colorado 80230

ATTENDEES	Jay Want (chair), Phyllis Albritton, Jandel Allen-Davis, Les Berkowitz, Peg Brown, Kelly Dunkin, Marian Heesaker, Michael Huotari, Mark Levine, Donna Marshall, Paul Melinkovich, Zettie Page, Barbara Ryan, Jeffrey Selberg, Kelly Stahlman, Dick Thompson, Sandeep Wadhwa, Barb Yondorf, Karen Zink
ABSENT	Ned Calonge, Daryl Edmonds, Joscelyn Gay, Belinda Garcia, Annette Kowal, Jean Kutner, Annette Quintana, Steven Summer
STAFF	Phil Kalin, Jenny Nate, Janie Dunckley
PUBLIC	Lorez Meinhold, Raquel Alexander, Suzanne Smith, Vanessa Hannemann, Lynn Parry, Chet Seward, Arja Adair, Marjie Harbrecht
RECORDER	Janie Dunckley

CALL TO ORDER

Meeting was called to order at 3:05 p.m. by Jay Want, MD.

AGENDA ITEM	Board Chair and Opening Remarks		
DISCUSSION	Jay Want welcomed the group. Board members and staff introduced themselves.		
ACTION	PERSON RESPONSIBLE	DUE DATE	
(none required)			

AGENDA ITEM	Review of Overall Role of CIVHC and CIVHC Board		
DISCUSSION	After more discussion with CIVHC board members, community leaders, experts and other stakeholders it was requested to clearly layout the overall role of CIVHC in Colorado and the role of the CIVHC board. Staff and the executive leadership team worked to define the role of CIVHC and the CIVHC Board. Phil Kalin reviewed a presentation on the main duties of CIVHC, which included: 1. Establish big and audacious goals/objectives		

	<div>2. Serve as the statewide entity for promoting health, and facilitating and tracking high quality, cost-effective health care</div> <div>3. Identify gaps, barriers, successful practices and opportunities</div> <div>4. Set structure and actions to maximize multiple stakeholder involvement. Multi-pronged approach to issues.</div> <div>The board agreed with everything in the presentation on the overall role of CIVHC in Colorado.</div> <div>Phil Kalin then went on to discuss the role of the CIVHC board.</div> <div>:</div> <div>A. Set overall policy directions</div> <div>B. Refine and approve ideas, strategies, and action plans of advisory groups and task forces<ul style="list-style-type: none">Identify participants and collaboration opportunitiesIdentify gaps and barriers</div> <div>C. Use influence to mobilize action and participation</div> <div>D. Connect people and organizations</div> <div>E. Remove barriers</div> <div>F. Lead by example...board member organizations should be first movers on pilots/initiatives</div> <div>The Board agreed with the roles as described</div>	
ACTION	PERSON RESPONSIBLE	DUE DATE
(none required)		

AGENDA ITEM	Proposed Long Term Goals
DISCUSSION	<p>In addition to clarifying the role of CIVHC and the role of the CIVHC board Phil then presented a draft of CIVHC's long term goals and associated measures of CIVHC's success. These had been developed with support of the leaders of the various Advisory and task groups. The long term goals include cost containment, health status/access, consumer experience and transparency and accountability. Specific measures of success were suggested. (These goals and measures are attached to the minutes)</p> <p>Points raised in the subsequent discussion included:</p> <ul style="list-style-type: none"> • Concern that a singular focus on premiums and cost reduction ignores the associated benefits including reduced absenteeism, turnover and improved productivity. • CIVHC needs to be conscious of the overall contribution of improved health status boosts the economy as a whole.

	<ul style="list-style-type: none">• Clearly delineate the relationship and interplay between health care expenditures and premiums• Extensive discussion of whether “Health Status/Access” defines correctly the targeted outcomes for CIVHC. This led to a broader discussion of the role of CIVHC relative to focusing on delivery system improvements related to health care versus impacting health of Coloradans.• It was pointed out that the “vision and mission” of CIVHC was oriented around the Triple Aim framework of focusing on overall health of the population, per capita expenditures and experience of care. This would support a broader vision for the organization but with the acknowledgement that for CIVHC to be successful it will need to carefully assess which tasks are taken on directly, where it can serve as a convener/integrator and where it supports the work of other organizations to achieve the broader aims.• It is very important to set an expectation and break away from the current system that sees sickness as profitable rather than health. We should create a system that translates into self fulfillment and economic productivity.• It was then suggested that our focus should not be primarily on the delivery system, but rather on systems within different communities. Since the needs throughout the state are different just affecting the delivery system might not be enough.• Another suggestion was based on messaging with consumer experience in mind. The ability for consumers to actually implement the action plan for their health status is important. There should be a fifth category with a consumer self reported goal.	
ACTION	PERSON RESPONSIBLE	DUE DATE
Update long term goals based on board suggestions	Phil Kalin & Jenny Nate	

AGENDA ITEM	Review of Strategic Initiatives		
DISCUSSION	<p>Phil Kalin then went on to discuss the draft of CIVHC Key Strategic Initiatives. This document is currently a draft and will need more work. It covers the strategic initiatives, interim objectives and the role CIVHC will play in each of these. Then it shows how the strategic initiatives tie into achieving each of the long term goals. This work will then be used to better lay out the different action plans required to achieve the goals along with how best to structure and resource the work groups to achieve these aims.</p> <p>The four strategic initiatives include data, payment reform, health care delivery system and healthy behaviors.</p> <ul style="list-style-type: none"> • Under the Data heading will be an All Payer Claims Database (APCD). Lorez Meinhold will discuss this in more detail following this discussion. • Under the Payment Reform heading, CIVHC would lead the transformation for how health care is paid for in Colorado. This initiative will include all payer initiatives, maximizing provider participation and having a comprehensive payment system in place by 2016. • Under the Health Care Delivery System heading, the work of CIVHC will continue in areas previously identified, including increased access to palliative care, reducing unnecessary hospital readmissions and reducing unnecessary emergency department usage and unnecessary admissions. • Under the Healthy Behaviors heading, CIVHC will focus on engaging and activating consumers and businesses to take actions that will lead to better health and ultimately, lower costs. Phil pointed out that employers need the tools and support in order to help engage employees and bring premiums down. <p>Following this portion of the presentation there was feedback that work to engage and activate consumers needed to be given equal attention as that described on the document relative to engaging businesses.</p> <p>It was also suggested that payment reform can't happen without full engagement of consumers. It was emphasized that patients ultimately make the best health care managers. There should be partnerships between providers and consumers and not just from sickness, but from a point of wellness. Consumers need data and engagement with providers to make the best decisions. The strategic initiatives must address consumerism, consumer engagement and/or consumer empowerment.</p>		
	ACTION	PERSON RESPONSIBLE	DUE DATE
Update document on Strategic Initiatives		Phil Kalin & Jenny Nate	12/10/09

AGENDA ITEM	Discussion of All Payer Claims Database (APCD)		
DISCUSSION	Phil Kalin quickly reviewed a presentation on APCDs in order to get the board up to speed and to offer information on the basic vocabulary on APCD.		
	<p>Lorez Meinhold, Governor Ritter’s Senior Policy Analyst for Health, then discussed the importance of this initiative and why the Governor is in support of it. Currently in health care we have very limited view points. We want to be able to see more information on all payers and uninsured in order to understand how we are utilizing health care systems. APCD can answer this and allow us to get better value out of the health care system. The Governor wants CIVHC to be the convener and lead on this project because in order to be successful it is necessary to create a valuable composition of stakeholders, similar to this group. It is necessary to figure out what we are trying to solve, how we solve it, what data we have and what data we need.</p>		
	<p>This will be part of the Governor’s health care legislation this next year. We are not going to try to define exactly what this should look like, but rather how we can do it successfully. We are hoping that this will be behavior changing in order to bend the cost curve.</p>		
	<p>Maine was the first state to implement an APCD in 2003. It took Utah about 18 months to implement their APCD. The costs to the states were between \$1 and \$2 million.</p>		
ACTION		PERSON RESPONSIBLE	DUE DATE
(none required)			

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AGENDA ITEM	Updates and Scheduling of 2010 Board Meetings		
DISCUSSION	In order to ensure the greatest availability and convenience of board meeting times in 2010 we will send out a Doodle (meeting coordinator) to the board members on which times work best.		
ACTION	PERSON RESPONSIBLE	DUE DATE	
Send out Doodle to board	Janie Dunckley	12/4/09	

AGENDA ITEM	Public Comment		
DISCUSSION	None		
ACTION	PERSON RESPONSIBLE	DUE DATE	
(none required)			

MEETING ADJOURNED	4:58 p.m.		
NEXT MEETING	December 10, 2009; 3:00 – 5:00 p.m.; Colorado Medical Society–COPIC Building, Mile Hi Room		

APPROVAL OF MINUTES	Phil Kalin, CIVHC Director 12/3/09 Jay Want, Board Chair 12/4/09		
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